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Volume 29, Number 2 Winter 2001

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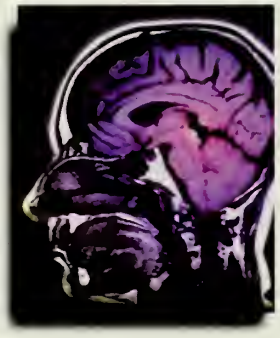

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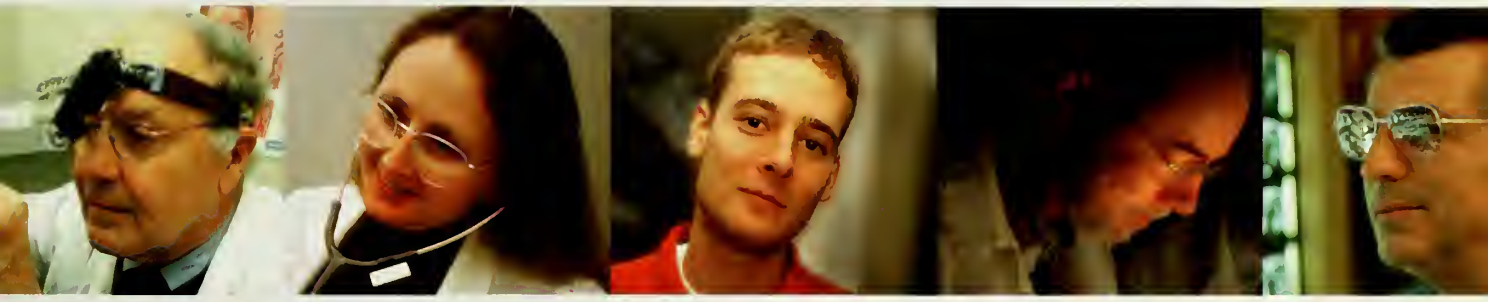

When Dr. David Myers became dean of the School of Dentistry in 1989, the entire school had all of three computers. The phrases "Internet," "Web site," "distance learning" and "virtual patient" likely would have drawn blank stares.

But today, those concepts are mainstays of a Medical College of Georgia education, not just in the School of Dentistry but throughout campus. What was it like overseeing the Medical College of Georgia's schools during such a vast and revolutionary learning curve? MCG's three retiring deans—Drs. Vickie Lambert, David Myers and Biagio Vericella—reflect on that and more in this edition of *Medical College of Georgia Today*.

They're quick to point out, however, that although some tools of teaching may have changed, MCG's philosophy has not: to turn out the most caring, compassionate and competent health care providers possible. The deans are privileged to have perpetuated that legacy during their tenures at MCG.

As you read about these educators whose tenures are drawing to a close, we also invite you to read about physicians whose careers are just beginning. MCG offers a new program acquainting residents with the business side of medicine—a crucial element in today's health care environment. The more they learn, the more enthusiastic they become about ways to translate business savvy into better health care. We think you'll find their enthusiasm infectious.

At a Glance 2

Rising to the Occasion 4
The three retiring Medical College of Georgia deans have ushered in revolutionary changes in education.

Minding Their Own Business 7
A new program is acquainting residents with the business aspects of medicine.

Transfusion Time Line 10
MCG is helping determine how long regular blood transfusions are needed to reduce the stroke risk of sickle cell disease patients.

A Passion for Life 12
Dr. David Cohen has found that pursuing his goals is almost as much fun as achieving them.

Into the Depths 14
When an MCG alumnus participated in a Titanic expedition, he learned as much about himself as he did about the sunken ship.

Reducing the Risk 16
An MCG researcher is determining the effects of anti-seizure medication on fetal brain development.

AlumNews 18
School-by-school news for and about MCG alumni.

Why Planned Giving? 33
Planned giving is not only about planning and giving, it is about receiving.

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AT A GLANCE

Family Treasures

Dr. Reuben Thomas Foote was only 34 when he died, but thanks to his descendants, his legacy will live on for many generations to come.

They have donated a family quilt and Dr. Foote's medical diploma, in its original casing, to the Medical College of Georgia. The items will be preserved in the Special Collections Room of the Robert B. Greenblatt, M.D. Library.

Dr. Foote graduated from MCG in 1853 and practiced medicine in Macon County, Ala. He also owned a general mercantile store, managed a large plantation and traded in livestock. He died in 1860 when he was thrown from his horse, leaving his widow and six children.

"His life was cut short and I feel like this will give him a place in history," said Byrdie "Butch" Webb Deaton, a great-granddaughter. An aunt gave her Dr. Foote's diploma when Mrs. Deaton's husband, Dr. John H. Deaton, graduated from MCG in 1950.

Another great-granddaughter, Mary Louise Bunting Simmons, inherited the hand-sewn quilt, made entirely of silk ties and dresses of the period. It is backed with pieces of paper from Dr. Foote's medical books, letters and other writings.

When Mrs. Deaton asked her cousin if she would consider donating the quilt along with the diploma, Mrs. Simmons initially was reluctant. She assumed her daughter, a genealogy buff, wouldn't want the treasured heirloom to leave the family. But to her surprise, her daughter, Patti L. Simmons Chapman, loved the idea of donating the item to Dr. Foote's alma mater.

"We're just thrilled to have the opportunity to reunite these family heirlooms in such an appropriate setting," Mrs. Chapman said.

Tea Time

Can something as simple as drinking a cup of green tea every day protect against tobacco-induced cancer? One Medical College of Georgia biologist thinks it just might.

Dr. Stephen Hsu, a cell biologist in the Department of Oral Biology at the MCG School of Dentistry, cites research that green tea can inhibit carcinogens from binding to DNA, thus reducing the number of mutations of epithelial cells. Carcinogens in tobacco products can alter DNA and as the mutations accumulate, normal cells have a greater chance of becoming cancer cells. The mutations also may cause the cancer cells to spread.

"People have the perception that cancer kills, but it is actually the *spread* of cancer cells that kills," said

Dr. Hsu. "Green tea helps by preventing the mutations in the cells that initiate this deadly process."

Dr. Hsu's research indicates that green tea extract selectively kills cancer cells and leaves healthy cells intact.

"We are looking at the cell cycle regulators and asking, 'Do they change? Does green tea change the cycle?'" he said. "Once we find that out, we want to know how to introduce green tea or green tea ingredients to populations who are smoking or are using smokeless tobacco.

"Why green tea and not black tea?" asked Dr. Hsu. "We know that in processing green tea, fermentation is eliminated and therefore green tea maintains most of the active ingredients—the polyphenols—which kill cancer cells. These ingredients in black tea are oxidized and changed during fermentation."

Enhancing Collaboration

A $5 million shot in the arm to increase collaborative research among the Medical College of Georgia and the University of Georgia is included in the University System of Georgia Board of Regents' 2002 budget request.

The entire $1.715 billion budget request was approved by the board Sept. 13 and will be submitted for approval to the Georgia General Assembly during the 2001 legislative session.

The funds to enhance MCG-UGA research would help build an infrastructure between the schools, including recruitment of key faculty and startup funds to establish senior researchers, said Dr. Barry D. Goldstein, MCG senior vice president for academic affairs. The enhanced collaboration, he said, would optimize the schools' complementary strengths: MCG's thriving biomedical research program and easy access to patient access for clinical trials, and UGA's growing biomedical research initiatives and numerous complementary strengths such as chemistry, pharmacy, veterinary medicine and agriculture.

Collaboration recently was enhanced when the Washington-Wilkes Research Conference Center for MCG and UGA opened in Washington, Ga., which is equidistant from the two universities.

The entire university system budget request emphasizes enhancing the university system's regional and national competitiveness, expanding the use and effectiveness of educational technology, broadening the system's role in economic development and increasing accountability, particularly in the areas of student and teacher preparation.

New Role for Radiation?

Whether radiation can be used to destroy abnormally proliferating blood vessels in the eye and save the sight of patients with the worst form of macular degeneration is being studied at the Medical College of Georgia.

MCG in conjunction with the University of Pennsylvania Scheie Eye Institute has received funding from the National Eye Institute to coordinate a study of approximately 200 patients at 13 centers that researchers say should determine whether radiation is an effective treatment option.

Radiation from a linear accelerator, used to destroy rapidly proliferating cancer cells, will be used to battle excessive blood vessels growing under the retina that leak, cause scarring and eventually destroy central vision.

"We believe this is the highest, safest dose that can be applied with this type of radiation that is readily available," said Dr. Dennis M. Marcus, MCG vitreoretinal specialist and study co-investigator.

Dr. Marcus was among the first in the country to organize a large, prospective randomized trial to examine radiation's effectiveness in treating the wet form of macular degeneration, the leading cause of blindness in people over age 65. The low dose of radiation caused no harm but didn't improve vision, according to one-year follow-up findings scheduled for publication this January in Archives of Ophthalmology.

But the current study—Age-Related Macular Degeneration Radiotherapy Trial—uses a stronger dose of radiation, much closer to the amount already used to treat eye cancer, Dr. Marcus said. Previous studies indicate higher doses have treatment potential. "I think our new study will answer the question of whether or not radiation works," he said.

RISING TO THE OCCASION

Christine Hurley Deriso

The cumulative experience of the Medical College of Georgia's three retiring deans exceeds a hundred years, yet even that vast knowledge base couldn't have prepared them for the sea change they've witnessed during their careers.

Dr. Vickie A. Lambert has watched her students administer anesthesia to a computer-controlled mannequin whose "body" responds just as a human's would.

Dr. David Myers has watched his students create vast information banks about dental patients—medical histories, X-ray images, upcoming appointments—all with a few clicks of a mouse.

Dr. Biagio Vericella has watched his students listen to lectures, take notes, discuss concepts and otherwise be full participants in a classroom whose teacher is a hundred miles away, broadcasting fully interactive lessons via distance-learning technology.

Actually, the deans have done more than just watch. They, along with their associate deans and faculty, have embraced technological breakthroughs and incorporated them into their students' education. The results have been nothing short of astonishing.

As the deans reflect on their nearly completed careers at the Medical College of Georgia, all agree that computer technology has virtually transformed health care education in a single generation.

"When I became dean in 1989, I doubt there were three computers in the whole school," said Dr. Myers, dean of the School of Dentistry, who will retire in June. "Now, we have a wonderful basic system. Everybody has computers, Internet access, e-mail, computer-equipped classrooms and labs...a total transformation."

Likewise, distance-learning is so transformational and cutting-edge that few people had ever even heard of it when Dr. Vericella was named dean of the School of Allied Health Sciences in 1988. "We are the pioneers at MCG in distance education," said Dr. Vericella, who retires in May. "The greatest achievement of distance-learning is that it has enabled Georgia citizens to earn a degree without leaving their hometowns."

Drs. Vickie A. Lambert (far left), Biagio Vericella (bottom left) and David Myers (left)

Under the direction of Dr. Lambert, dean of the School of Nursing, the MCG nursing anesthesia program became the first in the nation to obtain a computer-operated mannequin in 1996. "We've always tried to keep ahead of the curve," she said. "Computers have changed every facet of our school. When I was named dean, we had eight computers. We have over 200 now."

Yet despite these achievements, the deans hasten to point out that technological innovations, no matter how impressive, are simply tools. The basics of educating top-notch health care providers haven't changed.

"The dental program is a very hands-on, labor-intensive education," said Dr. Myers. "Students have to learn to treat patients independently. It's so faculty-intensive, almost like a one-on-one hand-holding model. People who don't understand it are quick to say, 'What about computers?' Computers can be invaluable, but when patients need care, somebody has to treat them, and no computer can."

Ultimately, health care education is "a people business," said Dr. Vericella. "We help good, caring students become the best practitioner possible."

That wouldn't be possible, he maintains, without a second-to-none faculty. "We have the most dedicated, hard-working, talented faculty and staff that I've ever worked with."

Dr. Vericella's chief role as a dean, he said, has been to clear their path and let them do their jobs unencumbered. And if they need anything, they won't have to look far to find him. "We have always been administrative-light," he said. "I have a philosophy of putting the dean's office at the bottom of everything I do. I do everything in my power to make sure the chairmen have everything they need to fulfill our educational goals. Our flat organizational structure, in my mind, has been a plus. I work with the faculty on a daily basis. You don't have to go through layers to get to me."

He thinks his background as an educator, rather than a health care provider, has served him well, particularly considering the vast diversity of the 12-discipline School of Allied Health Sciences. Rather than try to master the intricacies of each field of study, he recruited the strongest faculty possible, provided ample opportunity for on-the-job continuing education, helped strengthen the school's programs and developed partnerships with MCG clinical facilities to ensure ample hands-on training for students. "We wanted to have closer ties and a better partnership with the hospital and clinics, and I think we accomplished that," he said.

During his tenure, Dr. Vericella has phased out associate-degree programs in the school, helping transfer them to technical colleges, and implemented several new advanced-degree programs.

"Our number-one priority has always been quality educational programs," he said. "Our graduates score above the national average on certification examinations and are highly sought-after."

The Schools of Allied Health Sciences and Nursing both obtained endowed chairs during the deans' tenure, enabling recruitment of nationally renowned faculty. That added incentive is crucial at a time when health sciences universities nationwide are scrambling to fill faculty positions.

"The country has a severe shortage of nurse educators," Dr. Lambert said. "Most nurses today go into advanced practice rather than academia."

Dr. Myers can relate. "There are dentists committed to academia, but not very many," he said. "It's hard to compete with the private sector. This, I think, is the most serious problem dental schools have, and it's happening all over the country."

MCG has the added challenge of filling positions vacated by the university's early-retirement program, a one-time retirement incentive to help stem a deficit created largely by reduced federal reimbursement for clinical services. "It's going to take a while for the institution to get back on its feet," said Dr. Vericella. "But the reputation of our educational programs will help us fill these positions. We've already completed two chairman searches. We feel confident in our search process. We have always been very successful in recruiting excellent faculty."

Dr. Lambert noted that her efforts to recruit top-notch faculty are enhanced by her extensive connections throughout the country. "I've been educated, and I've taught, literally from coast to coast," she said. "I'm on national committees and I interface with deans

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regionally and nationally. I've always brought that back to give us a national perspective, and it helps when it comes to filling positions."

Faculty recruitment isn't the only challenge, the deans noted. Health professionals such as nurses and dentists are in short supply throughout the nation. As health sciences universities rally to meet the demand, the deans stress the necessity of maintaining high educational standards.

"Historically, whenever we've had a nursing shortage, everybody goes for the quick fix: lowering standards," Dr. Lambert said. "The focus should be on producing the best-qualified nurses and retaining them in the field. Schools must collaborate with the practice environment to create long-term solutions, particularly now, when nurses deal with such complex illnesses."

THE QUALITY OF OUR PEOPLE WILL GET US THROUGH THIS TRANSITION PERIOD. WE'VE ALWAYS RISEN TO THE OCCASION.

Dr. Myers concurs. "The number of dentists in this country has declined," he said. "Twenty years ago, this country produced about 6,000 new dentists a year. Now, we produce fewer than 4,000 a year. This is beginning to impact the profession. Our numbers are declining and the population is growing. These aren't simple problems. It will become more and more of an issue over the years."

The good news, they noted, is that today's students are the most impressive in the history of the university. "The applicant pool is excellent and the quality is very competitive," Dr. Myers said. "Based on their incoming credentials, our students are the best in the history of the school."

"Our student retention rate last year was 98 percent," Dr. Vericella said. "We always shoot for 100 percent. The students are at the top of our efforts, every day. And we really get the cream."

The deans are proud, they said, to bequeath such high standards to their successors. MCG's next generation of deans, they say, will have all the elements in place for success. They will also have their share of challenges.

"Deans will have to do more fundraising than in the past," said Dr. Lambert, who in March will begin a professorship with her husband, Dr. Clint Lambert, at Yamaguchi University in Ube, Japan. "The federal dollar is shrinking and we need more support than we get from tax dollars. We can no longer approach academics as the ivory tower—a grandiose, idea-creating institution. It's a business. That doesn't mean you lose your ideals, but decisions have to be made very quickly now like they do in the business industry."

They also counsel flexibility; if they've learned one lesson in academia, it's that the only constant is change. But they're confident that their schools will only get better. "The quality of our people will get us through this transition period," Dr. Vericella said. "We've always risen to the occasion."

Minding Their Own Business

Toni Baker

As the fall chill turns to winter cold, Kathy Hudson and James Clark are changing as well.

She is on the last few months of her internal medicine residency; he just finished a rheumatology fellowship. At this juncture, they have looked up from textbooks, lectures and patients long enough to look toward the future. They know what kind of doctors they will be; now they must decide where and how to set up practice. The business realities of the profession they love have set in.

And so has Dr. Ross Maclean.

"[We want to] broaden your overall education," he tells the two, seated across the table *(above)*. "What do I mean by that? You have had months of lectures and clinical exposures and years of working on the wards."

He wants to take them further still. He wants them to understand what happens after the patient leaves, how the resulting billing sheet ultimately enables them to be paid for their service and the electricity to stay on at the Medical College of Georgia.

"What happens to that billing sheet?" he asked. Dr. Hudson has taken the initiative to fill out many of those sheets—instead of counting on her faculty attending to do so—but still she has no idea where they go afterward.

So Dr. Maclean walks them through the intricate process that involves codes, coders, managed-care companies and eventual payment to doctors and hospitals for services rendered. But the information collected from billing sheets and other patient encounter forms no longer ends with bills getting paid. Today those data also are used by managed-care companies to objectively assess what disease management approaches work best for major, chronic illnesses such as diabetes, congestive heart failure and community-acquired pneumonia.

And from the moment Drs. Hudson and Clark complete their training, managed-care companies will use the patient forms they fill out to compile a practice profile on them as well.

To help these young doctors learn what traditional medical education hasn't had time to teach, MCG and Blue Cross and Blue Shield of Georgia teamed up two years ago to give MCG's residents a first-hand look at the managed-care world in which they will practice.

The purpose of the residency program, which Dr. Maclean directs, isn't to turn Drs. Hudson and Clark into billing clerks or managed-care consultants. It's to better position them to be doctors.

"It's to give you an overview of the administrative side, of the managerial side of the health care industry so that wherever you end up, you will have more understanding of how a bill is generated, how a bill is paid and how a claim is disputed," Dr. Maclean tells them on the first day of the weeklong mini-residency.

During the week, the two will sit across the table from many doctors and health care administrators at MCG. They'll also travel to the Atlanta offices of BCBSGA to work and talk with key staff at a managed-care company that processes 15 million claims a year and covers 1.8 million people.

"I teach people at the end of three years of residency who have never heard of an ICD code (international classification of diseases) or DRG (diagnosis related group) or a CPT (current procedural terminology)," Dr. Maclean said. "And those are the numbers that generate bills and bills generate payments and payments go into your pocket."

Fifteen or even 10 years ago, it probably wasn't critical to a doctor's education to know these things. But as the old, perhaps more simple and sometimes more popular fee-for-service system fades into the sunset, Dr. Maclean and others believe MCG must complete this circle of knowledge for residents.

The increasing complexity of the business side of health care has meant fairly dramatic change for companies as well. BCBSGA is no longer just an insurance company paying bills, but a

managed-care company, organizing health maintenance organizations, negotiating contracts, collecting and managing data and distributing the data to doctors and employers, said Dr. Wayne K. Hoffman, vice president of medical management for BCBSGA.

Dr. Hoffman *(right)*, a family medicine physician, took his skills into managed-care management about 15 years ago. "It's not because I'm a masochist and like being yelled at by other doctors," said the affable physician. "The main reason was I was fascinated by the ethical question and the ethical dilemma given that there is a finite amount of money to pay for health care and that we are not the healthiest country in the world but we are spending more money than any other country on the planet for health care."

So Dr. Hoffman keeps up his specialty board certifications, using the knowledge to help close what he sees as the huge gap between science and the practice of medicine. He says managed-care companies can do this by sharing valuable information they collect about how doctors practice and how patients fare.

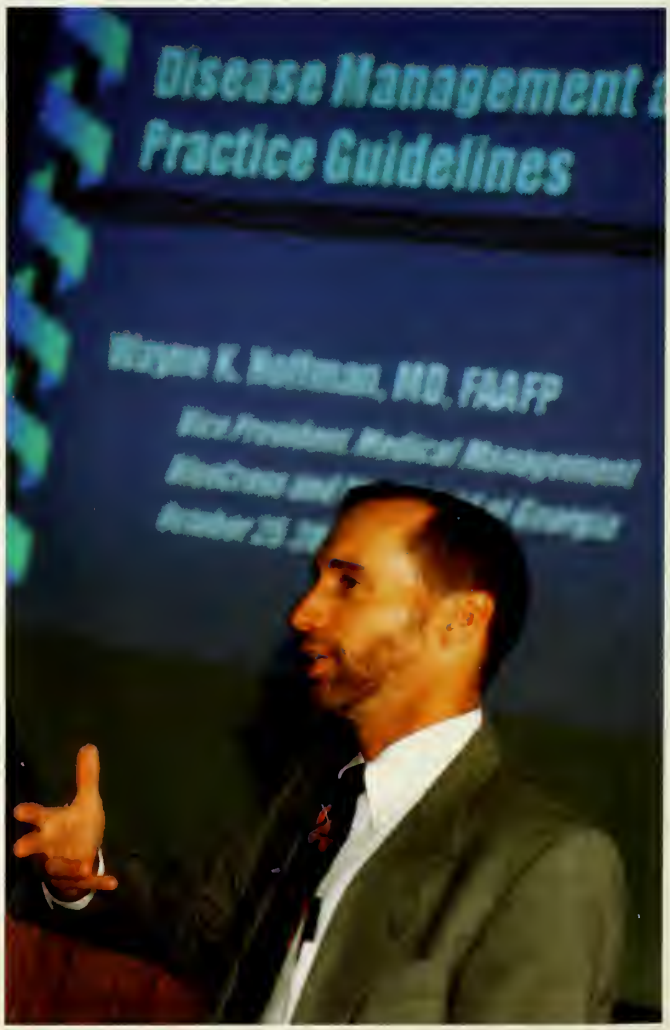
Then he shared some of that information with the residents. "Of all the diabetics in Georgia we cover—almost 20,000 people—only 34 percent had eye exams in the last year," he said. This occurs in the face of evidence that diabetics benefit from yearly eye exams.

The day before, Dr. Daniel W. Rahn, medical director of MCG's Healthcare System and director of the Center for Healthcare Improvement—a collaborative initiative with BCBSGA that encompasses the residency program and related initiatives such as health services research—discussed similar realities with the residents.

"The practice of medicine is a profession, no question about it," he told Drs. Hudson and Clark. "But the management of a hospital and a health system is a business. Somehow, those two have to come together.

"We have a shrinking resource pool. We spend money on imaging studies that aren't necessary. We spend money on prescribing habits that aren't clearly connected to outcomes and we don't systematically deal with high-impact diseases at a level that all would agree represents the best possible quality," he told them. "We need to get the systems in place that support this. We just do. But it can only happen with physician leadership."

Although the residents may not know every acronym used in managed care, they understand that they need to better understand the business side of health care and are grateful to sit across the table from



folks who can teach them.

Occasional noontime speakers talk with MCG's internal medicine residents about contract negotiations and other 'life after residency' issues, Dr. Hudson said. "But nobody talks about what it's like to manage a business," she said.

She and Dr. Clark concur that there was little time for such in the hectic learning regimen that molded them into doctors. But as fall 2000 wanes and they negotiate their futures, they are taking the time.

Dr. Hudson is the first doctor in her family. She's already been a working chemist, mother and wife, but something about the science and the patient interaction made her decide to learn yet another profession. Before she began her managed-care rotation, she knew something about a PPO, from being a patient in one. She, her husband Ken and their two children have been blessed with good health, and from her perspective, managed care has helped them stay that way with affordable premiums and good care.

She does not balk, as some physicians might, at the best practice approaches to major diseases encouraged by managed care. "We have never known anything else." She thinks this approach encourages good primary care.

"I want the best thing to be done," said Dr. Clark, who also doesn't mind the idea of evidence-based, best-practice guidelines. He just wishes it had been physicians who pushed for them, rather than insurance companies. He grew up at a time when fee-for-service was the standard. It pretty much still is—for the moment anyway—in most smaller communities, such as Ware County, Ga., where his father and brother practice ophthalmology. He was a public defender in Ware County when he decided he wanted to become a doctor. He went to medical school at Emory University and completed residency training in internal medicine and nuclear medicine before beginning his rheumatology fellowship at MCG.

Now as he and Penn, his wife of 21 years, and their three children ponder what comes next, he says it will likely be a combination of law and medicine.

Dr. Hudson's future, at least the next four years of it, will be spent in a small Georgia community, paying back her state medical board scholarship.

Dr. Hoffman says that while managed care may not yet permeate rural Georgia, the idea behind it does. At one point in his own rural practice, he was 100 miles away from subspecialists and sophisticated machinery and tests, so those resources were called upon only when absolutely necessary. His patients largely had no insurance; they had to pay their own way, so they paid great attention to what everything cost.

"That's what has happened with health care," Dr. Hoffman said. "People haven't had to pay for it directly. You are so far removed from pulling $95 out of your pocket to pay for a prescription. There is now financial pressure not to ration care, but to use it more wisely and more appropriately."

He noted a recent advertisement in the Atlanta paper touting a rapid computerized tomography scanner that could look for cancer in the body and calcium in the heart. Accompanying patient testimonials weren't from people who really needed it, just from those who said it made them feel better to have had it. Somewhere in the fine print was the acknowledgment that insurance likely would not pay.

"Today's managed-care system is not a panacea for our health care problems, but we need to do something," Dr. Hoffman said.

And he appreciates the opportunity to help young doctors, such as Drs. Hudson and Clark, see some of those things.

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TRANSFUSIO

Toni Baker

How long blood transfusions are needed to optimize stroke reduction and minimize transfusion-related problems in children with sickle cell disease is the focus of a new, federally funded study of 100 children at 20 sites across North America (shown opposite).

"We know that regular blood transfusions decrease these children's stroke risk by 90 percent," said Dr. Robert J. Adams, a Medical College of Georgia neurologist and principal investigator of the $11 million study funded by the National Heart, Lung and Blood Institute. "Now we need to determine the optimal amount of time these children need transfusions."

Participants in the Optimizing Primary Stroke Prevention in Children with Sickle Cell Anemia (STOP II) Study have received monthly transfusions for several years and many have moved into a low-risk category based on regular blood flow studies of their brains.

Half of these children will continue to receive transfusions over the next two to four years; the remainder will no longer get transfusions but will be monitored closely with transcranial Doppler, which uses ultrasound to measure blood flow in the brain.

"Finding the optimal amount of time transfusions are needed to reduce stroke risk is a very logical next step," said Dr. Virgil C. McKie, chief of the MCG Section of Pediatric Hematology/Oncology, director of the pediatric sickle cell clinic at the MCG Children's Medical Center and co-investigator of the study.

Transfusions benefit these children in several ways, but not without costs, including a potentially harmful buildup of iron and an immune response that eventually can hinder finding suitable blood donors, Dr. McKie said.

The original $12.1 million STOP Study, which demonstrated the 90 percent reduction in stroke risk, began in early 1995 and followed 130 at-risk children with sickle cell disease at 14 sites in the United States and Canada; half the children received transfusions and the remainder received standard care.

Federal health officials halted the original STOP Study 16 months early, in September 1997, because of the obvious benefit of transfusions to children at high risk. The NHLBI issued a physician advisory recommending regular transcranial Doppler studies in children ages 2-16 with sickle cell disease and consideration of transfusions in children found to be at risk.

As researchers followed the vascular disease progression in these children, they found that most of those receiving transfusions not only were stroke-free but actually began to have normal transcranial Doppler studies.

Blood flow rates of 170 centimeters per second or less are considered normal in children. A flow rate of 170-199 prompts close observation with regular transcranial Doppler studies. Children with rates of 200 or greater

are considered at high risk and clearly benefit from transfusions, Dr. Adams said. The increased speeds reflect a narrowing of the blood vessel and potential stroke site. Magnetic resonance angiography was later added to provide images of suspect areas.

Researchers are not certain why the risk decreased in some children. Factors might include the growing size of the child and his blood vessels, or possibly a childhood infection triggered the original problem. The stroke risk naturally tends to decline in early adulthood, he said.

"Transcranial Doppler is sensitive enough that many of the patients determined at risk had disease that was still at an early stage and reversible," Dr. Adams said. "But if we take those patients who already had severe lesions on magnetic resonance angiography, those kids were unlikely to drop into the normal range with transfusion."

What isn't known conclusively is why some children move from high risk to low or conditional risk and if the improvement holds up after transfusions are stopped. "Does a low-risk transcranial Doppler after 30 months of transfusion mean the same thing as a child who was never at risk?" Dr. Adams said.

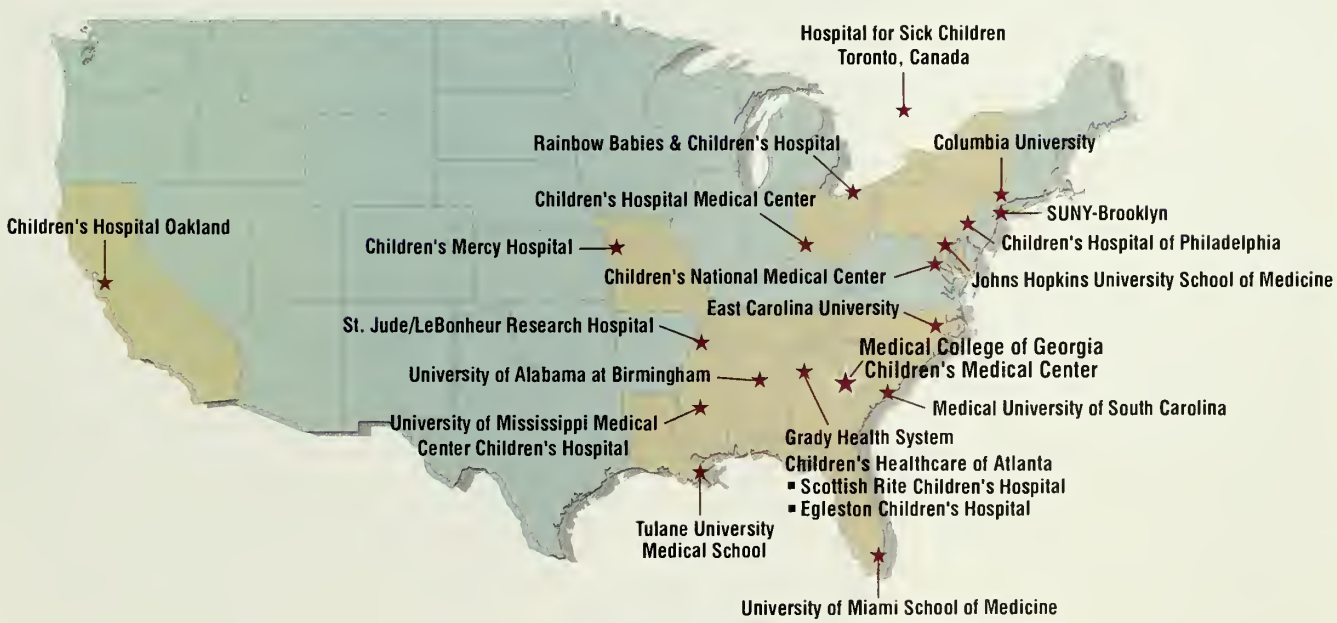
He hopes to answer those questions with the new study. "We will be taking children off transfusion whose Dopplers have improved and whose magnetic resonance angiograms look reasonably normal," Dr. Adams said. "These are the kids who we think have been caught as they entered into this risk domain, but they have not been allowed to stay there long enough to really damage their vessels. If we can demonstrate that a substantial number of these patients do not go back up in stroke risk, then we can reduce the toxicity and costs of transfusion and still get stroke prevention.

"Our eventual goal and hope is that with early and frequent transcranial Doppler studies and other testing coupled with targeted, relatively short-term intervention, the severe vessel damage that leads to stroke, resulting disability and even death in some cases, can be prevented in children."

About 10 percent of children with sickle cell disease are at risk for stroke; the peak risk period is the formative years when developing brains experience a peak demand for blood and oxygen, Dr. Adams said.

Blood transfusions have been used for years to avoid a second stroke in children with sickle cell disease and for sickle cell patients of all ages who experiences pain crises, low hemoglobin counts and other manifestations of the disease.

Drs. Adams and McKie, published a paper in the *New England Journal of Medicine* in 1992 that identified the painless transcranial Doppler as the first non-invasive method for identifying these children before their first stroke.



A Passion for Life

Christine Hurley Deriso

Dr. David Cohen's mother lived to be a robust centenarian, so when she offered advice on longevity, he listened.

"She counseled exercise, a healthy diet and a passion for life," says Dr. Cohen, a 1963 graduate of the Medical College of Georgia School of Medicine and president of the school's Alumni Association.

As is his style, Dr. Cohen doesn't just embrace the philosophy; he virtually embodies it. His mother probably had brisk walks in mind when she counseled exercise, but her son—the youngest of her nine children—opted for marathons instead.

Dr. Cohen has been racing all of his life, forever chasing down goals, each more challenging than the one before. Pursuing the goal, he's found, is almost as much fun as achieving it.

He comes by his tenacity honestly.

When his father and mother immigrated to the United States, from Turkey and Jerusalem respectively, they had few resources at their disposal other than grit and determination. He was raised to believe he could achieve anything he wanted, provided he was willing to work for it.

No problem there. After graduating from Lanier High School in Macon, Ga., Dr. Cohen enrolled at the University of Georgia with a somewhat unconventional game plan. "I told my counselor I wanted to take my hardest courses first," he says.

His motivation wasn't entirely noble—"I wanted to have a good time my last two years," he notes with a laugh—but he was prepared to buckle down from day one. Yet he quickly discovered that the "hardest" courses weren't so tough after all. His classes, particularly those in science and math, came so easily to him that the counselor suggested medical school. Dr. Cohen followed his counselor's advice. He completed his pre-med studies at UGA, then was accepted at the Medical College of Georgia.

After graduating with honors and completing his residency, he served as a commander in the Medical Corps of the U.S. Navy for two years, then established an otolaryngology practice in Atlanta. He quickly broke ground by demonstrating that many procedures in his field, including most tonsillectomies, didn't require overnight hospitalization. He opened the first freestanding outpatient facility in Georgia. Today, more than 65 percent of surgery is done on an outpatient basis, attesting to his prescience.

Outpatient surgery isn't just cost-effective, Dr. Cohen noted; in many cases, it speeds the patient's recovery. "When people are hospitalized, they tend to shift into a helpless mode," he says. "I found that patients who had outpatient surgery never shifted into that gear. They recovered much quicker."

Dr. Cohen serves as a consultant and surveyor for the Joint Commission for the Accreditation of Healthcare Organizations. He recently helped develop office-based surgery standards, which will be incorporated into accreditation requirements. In addition to his practice, he travels the country to consult and lecture about ambulatory surgery.

"He is not only one of the smartest people I know, he's also one of the most business-savvy," said former classmate and longtime colleague Dr. William C. Collins, a 1962 graduate of the MCG School of Medicine. "He has been able to effect cost savings and cooperative efforts that have been beneficial not only to physicians, but mostly to patients. He really helped outpatient surgery grow from an embryo to a child to an adult by determining which procedures can be safely done on an outpatient basis."

But as skilled as Dr. Cohen is in the science and business of medicine, what most strikes patients is his compassion. Dr. Carl R. Hartrampf, a 1956 graduate of MCG, was rendered totally deaf after a viral infection in 1991. Today, he is fully functional thanks to a cochlear implant, but he recalls his almost debilitating depression when he first lost his hearing. "When I went deaf, David was my physician and he advised me all the way," Dr. Hartrampf says. "But more than that, he was so kind. It would be nice if we had about 1,000 more just like him."

Dr. Collins agrees. "He's an all-around wonderful guy—a good companion, good friend and good doctor."

Dr. Cohen obviously maintains a dizzying professional pace, but he reserves considerable energy for personal pursuits. He's an expert snow skier and tennis player, and at age 48, he added running to his exercise routine. "When I took up running, running a 10-K wasn't sufficient," he says. "I had to be a marathon runner." He trained relentlessly to reach his goal, eventually working up to his first marathon.

Shortly thereafter, he was hit by a car, wrenching his back and injuring several disks. "I was advised to give up running," Dr. Cohen says. "I started walking instead, but I got teary-eyed when I saw runners passing me. I decided I'd try to run in the Peachtree Road Race, and I thought, 'This isn't hurting me. I think I can do this.'"

Since then, he's completed 12 marathons. He runs four to five mornings a week. How does he find the time? "I got up this morning at 4:56," he says. "I just make the time."

Recently acquired hobbies include golf and gardening. "There are never any days when I have nothing to do," he says. "My most recent project was to build a wine cellar from scratch." He and wife Lisa also stay busy with their three children and four grandsons, all under 5 years old. "I've had a busy time with them."

"He and Lisa personify grace and boundless energy," says recently retired MCG President Francis J. Tedesco. "They're a wonderful couple who have been tireless in their support of MCG. Dave has unending enthusiasm which he's been graciously willing to expend on the best interests of MCG. I think we're very fortunate to benefit from his leadership capacity."

In addition to his work as president of the Alumni Association, Dr. Cohen has been named to the campus-based Presidential Search Committee to find a successor for Dr. Tedesco.

"I'd like to see MCG be one of the top-10 state medical schools in the country," Dr. Cohen says. "Dr. Tedesco has done a magnificent job in the last 12 years, and I'm anxious for his successor to build on his legacy. I think the next president will have an excellent opportunity to take us to the next level.

"I don't want us to get away from our core strengths: teaching and turning out very highly qualified physicians," he says. "But MCG also needs to continue to enhance its research and develop centers of excellence. I'd also like to see MCG strengthen ties with the entire Augusta community."

He acknowledges that the university is in undergoing a transitional period, with the retirement of many key faculty and the new autonomy of MCG Health, Inc. But he's optimistic. "Nobody likes change, but I view it as a positive parameter," he says. "We hate to see so many great faculty retire, but we have an opportunity for fresh ideas. I'm excited about the future of MCG."

I N T O T H E

Christine

When you descend more than 12,000 feet to the bottom of the Atlantic Ocean, you enter another world.

There's the sparkling, aquarium-type view of dancing, darting and dozing fish as the descent begins. Farther down, out of reach of the sun's rays, the sea turns inky-black, punctuated by a fireworks-like display of phosphorescent sea creatures. On the seabed, cold, dark stillness reigns.

That's where only the most primitive forms of life exist. That's where the ill-fated Titanic was swallowed whole April 14, 1912. That's where a Medical College of Georgia alumnus spent part of his summer.

His voyage to the bottom of the sea notwithstanding, Dr. Grainger S. Lanneau, a 1994 graduate of the MCG School of Medicine, has actually led a pretty conventional life. As a Naval obstetrician/gynecologist and husband with three children, he usually spends his time delivering babies or reading bedtime stories to his own. The hum of his daily routine suits him just fine. But when an opportunity arose to join a Titanic expedition as the crew physician, how could he say no?

Dr. Lanneau, a 36-year-old lieutenant commander at the Bethesda Naval Medical Center, has been a deep-sea [illegible] for years. That experience, coupled with his medical expertise, spurred the New York City-based Explorers Club to invite him to sail with them 350 miles south of Newfoundland to the Titanic wreckage. This would be the sixth expedition sponsored by RMS Titanic Inc. since the sunken ship was found in 1985. RMS Titanic Inc. holds exclusive salvage rights to the wreck and sponsors expeditions to retrieve artifacts for a traveling exhibition and amass scientific data about the deep-sea environment.

Dr. Lanneau accepted the invitation and climbed aboard the Russian research vessel Akademyk Mstislev Keldysh July 10. He intended only to accompany the crew on the ship, providing medical treatment as needed. But when they arrived at the wreckage site, he was invited to join the real adventure: boarding a submarine and plunging to the depths of the sea to retrieve Titanic artifacts. Dr. Lanneau accepted the offer, confident he would live to tell the tale.

"I just have a lot of confidence in the technical aspects," he said, noting that the subs used for the expeditions always travel in pairs in case the life-preserving climate controls fail on one.

Yet he had no delusions about the undertaking. Submarines are well-calibrated machines, but catastrophes can and do happen. (The August Russian submarine disaster struck unnervingly close to home for Dr. Lanneau.) And the deep sea itself is treacherous, with a crushing pressure outside the sub of 6,900 pounds per square inch.

Creature comforts also are hard to come by in a submarine. During the expedition, the ocean temperature dropped from about 80 degrees Fahrenheit at the surface to about 50 on the seabed, and condensation

Deriso

formed on the walls inside the cold, damp sub. But Dr. Lanneau was too fascinated to dwell on discomfort during the sub's approximately three-hour descent. "You're exposed to an environment you've never seen before and you're like a kid glued to an aquarium," he said. "You see lobsters, shrimp, crabs—all kinds of ocean life—like you've never seen before. Down at the bottom, the terrain is pretty stark and bleak, but with almost a surreal beauty."

And there, amid the bleakness, he saw the bleakest sight of all. Lying crumpled, defeated and broken was the Titanic. "It's been down there 88 years and is covered in rusticles (iron-eating microbes)," Dr. Lanneau said. "It's not pretty anymore; it's very much deteriorated. But I was still in awe. Before I actually saw it, I felt bad about the tragedy, but I had no personal involvement. But when you go down there, it's like you almost experience the tragedy yourself."

Titanic expeditions concentrate on the massive debris field that surrounds the ship. Dr. Lanneau and his crew members used robotic arms—"like playing a kid's video game," he said—to reach into the debris and pluck out bits of the priceless contents.

"We were at the stern—the back end of the ship," Dr. Lanneau said. "We saw the portholes of the living compartments for steerage passengers. We saw cups, dishes, shoes.... It was an incredible experience."

Yet amid all the destruction, life abounds. Nature fills every niche, even the perpetual darkness of the seabed. Dr. Lanneau and other crew members took advantage of their close encounter with the bottom of the sea to study little-known organisms with three-dimensional ultrasound. "There are the most unusual plants down there, and fish called rat tails, among other organisms," Dr. Lanneau said.

Despite his fascination with this exotic environment, Dr. Lanneau vividly remembers his relief to rejoin the world he had left behind 16 hours earlier. "When the hatch opened, the sounds, smells and feel of fresh air completely engulfed me," he said. "I was alive still. Reflecting on what had just occurred was humbling. I had just visited an area that claimed 1,500 lives."

He knew instinctively that he would never be quite the same. "I think part of the motivation of adventurers is to take their fears, weaknesses and prejudices somewhere far away and leave them behind," he said. "But it doesn't work that way."

What it does, he said, is bring one's life into sharp relief. "I appreciate things more now," he said. "My family was constantly on my mind [during the expedition]."

So he's got this adventure bug out of his system...right? Well.... "This expedition was actually my invitation into the Explorers Club," he said. "I'd love to have more experiences like this."

But he'll have to up the ante to impress his kids, he noted with a laugh. "When I got home, the first thing my son asked me was whether I'd seen any hammerhead sharks. When I said no, he wasn't interested in hearing any more."

Maybe next time.

REDUCING THE RISK

Toni Baker

About 24,000 children in the United States are born each year to women with epilepsy and the vast majority are fine, but a national study aims to further level the playing field.

Researchers want to know if the medicines to control seizures cause long-term damage to fetuses' developing brains.

The study will follow 285 pregnant women taking one of the three most commonly prescribed anti-seizure medications from their first trimester until their children are several years old. Researchers want to determine what impact phenytoin (Dilantin), carbamazepine (Tegretol) and Phenobarbital have on the children's ability to think and learn.

"A really important aspect of this study is to find out if there is a difference between these drugs; are some of these drugs better for the child long term than other drugs?" said Dr. Kimford J. Meador, chief of the MCG Section of Behavioral Neurology and principal investigator of the $6 million, five-year study funded by the National Institutes of Health. "If that's true, then we will want women to try to use the drugs which have reduced adverse effects. It would dramatically alter how we prescribe drugs. But right now we don't know if it's true.

"We do know that the vast majority of women with epilepsy have healthy children," he said. "We are talking about a relatively small increased risk, but we want to reduce that risk as much as possible. We want them to have the same lack of risk other children have."

Dr. Meador emphasized that most women with epilepsy can have healthy children and that they should continue taking their medication while pregnant.

"In a woman who has significant seizures, the risk from the seizures themselves is worse than the risk of the drugs," Dr. Meador said. "The number-one reason for miscarriage late in pregnancy for women with epilepsy is trauma (resulting from a seizure)."

But he wants to objectively assess whether these drugs, which control seizures by reducing neuronal excitability in the mother, impact normal nerve growth and connections in her developing baby's brain. "During development, that excitability may be very important in terms of how nerves grow and connect," Dr. Meador said.

Also, development may be impacted by free radicals released by these drugs which bind to protein in the body's basic building blocks of DNA and RNA. "The body typically can repair some of this type of damage, but if it gets overloaded with damage it may not be able to and there may be long-term consequences," Dr. Meador said. "But it's also possible that the children rebound from these drug effects and it really doesn't have a long-term effect."

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Solid information indicates that these types of drugs pass through the placenta from the mother to the baby where they double the 2 to 3 percent risk of birth defects, such as spina bifida, that occurs in the general population.

But pre-pregnancy planning, such as ensuring that women take multivitamins and folate supplements, can minimize the anatomical birth-defect risk and Dr. Meador wants to do the same for any potential neuro-developmental risks.

Studies have shown that animals exposed to lower doses of these drugs in the womb have a decreased capacity to think and learn. "They don't learn things as fast, they don't respond as rapidly to cognitive tests. Our concern is that this also might be a problem for women with epilepsy and their children," Dr. Meador said.

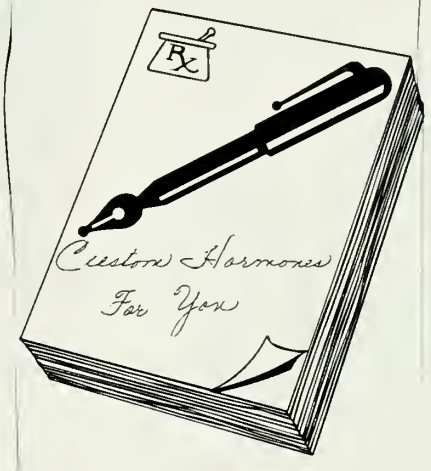
He is looking for objective data, such as the child's IQ and predicted IQ based on the parents' to determine any lasting impact these drugs have on the child's ability to think and learn.

Researchers at 17 study sites in the U.S. will collect data on mothers, fathers and babies in an effort to determine the impact.

Much of the data is the type normally accumulated during pregnancy, but they will look at other parameters as well such as the mother's seizure frequency and blood levels of the medication. They will perform IQ tests on mothers and fathers to get a predictive IQ for the baby and, beginning at about age 2, will do similar testing on children. They also will gather data on the children's nutritional status and general health, noting milestones such as when children begin to walk and talk. Contributing risk factors, such as low socioeconomic status and poor diet, also will be considered.

The NIH-funded study will focus on women taking one of the three oldest anti-seizure medications, but Dr. Meador hopes to expand the study to include some newer drugs as well.

Natural Hormone Replacement



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AlumNews

Homecoming Slated April 26-29

The Medical College of Georgia will host Homecoming April 26-29. Following is a list of events. Please call the Alumni Office at 1-800-869-1113 to pre-register or for more information.

Addresses of Homecoming event locations

MCG Alumni Center, 919 15th Street

Radisson Riverfront Hotel, Two Tenth Street

Old Medical College, 598 Telfair Street

Schedule

Registration, MCG Alumni Center; 9 a.m. to 2 p.m., Thursday, April 26; 9 a.m. to 3 p.m., Friday and Saturday, April 27-28

Hospitality Suite, Radisson Riverfront Hotel; 11 a.m. to 9 p.m., Friday, April 27; 11 a.m. to 6 p.m., Saturday, April 28

Thursday, April 26

School of Graduate Studies Alumni Association board meeting, Noon, MCG Alumni Center Pine Room

Friday, April 27

School of Dentistry Alumni Association business meeting, during the Goldstein Lecture, Radisson Riverfront Hotel

Campus and hospital tours, 10 a.m., tours begin from MCG Alumni Center lobby

Goldstein lecture and luncheon/School of Dentistry Alumni Association Distinguished Alumnus Award presentation, Noon, Radisson Riverfront Hotel

School of Allied Health Sciences Alumni Association luncheon, Noon, Old Medical College Ballroom

School of Medicine Dean's Reception, 5:30-7:30 p.m., Old Medical College, Solarium

School of Medicine Alumni Association Banquet, 7:30 p.m., Old Medical College Ballroom

Saturday, April 28

MCG Foundation Development Committee meeting, 8:15 a.m., MCG Alumni Center Garden Room

School of Medicine Alumni Association board meeting, 9:30 a.m., MCG Alumni Center Garden Room

Student Government Association cookout, 11:30 a.m. to 2:30 p.m., MCG Alumni Center pool area and Ballroom

MCG Foundation board meeting, 1 p.m., Old Medical College

President's Reception, 3:30-5:30 p.m., location to be announced

School of Medicine class reunions, 6 p.m., Radisson Riverfront Hotel, Classes of 1941, 1946, 1951, 1956, 1961, 1971, 1976, 1981, 1986, 1991, 1996

School of Medicine Class of 1966 reunion, 6 p.m., Old Medical College

School of Dentistry class of 1976 reunion, 6 p.m., Radisson Riverfront Hotel

School of Graduate Studies Alumni Association/ Distinguished Alumnus Award presentation and dinner, 6 p.m., Radisson Riverfront Hotel

School of Nursing Alumni Association dinner and program, 6 p.m., Radisson Riverfront Hotel

Homecoming dance, 9:30 p.m. until, Radisson Riverfront Hotel

Sunday, April 29

School of Medicine Alumni Association memorial service, 10:30 a.m., Old Medical College Solarium

School of Medicine Alumni Association Emeritus Club luncheon, 11:30 a.m., Old Medical College ballroom

Dr. Mayher Receives Vessel of Life Award

Christine Hurley Deriso

Dr. William E. Mayher III, a 1964 graduate of the Medical College of Georgia School of Medicine, received the MCG President's Vessel of Life Award Nov. 4 in honor of his career achievements.

Dr. Mayher, a retired neurosurgeon from Albany, Ga., is chairman of the MCG Foundation, Inc. Board of Directors. Under his leadership, MCG Foundation assets have grown to more than $105 million, funding used to enhance MCG's missions as the state's health sciences university.

He is chairman of the board of Gray Communications, a New York stock exchange company, and former chairman of the board of Blue Cross and Blue Shield of Georgia.

Dr. Mayher is past president of the Dougherty County Medical Society and the Georgia Neurosurgical Society. He is a member of the American Association of Neurological Surgeons Board of Trustees and is a fellow of the American College of Surgeons. An avid aviator, he is a member of the Flying Physicians Association and is a senior FAA aviation medical examiner.

Recently while piloting his twin-engine plane to Forth Worth, Texas, Dr. Mayher responded to the distress call of two mechanics on a nearby plane whose pilot had a heart attack at the controls. Dr. Mayher positioned his plane beside the stricken aircraft and relayed instructions that enabled the mechanics to safely land the plane.

"Few people have a more calming influence than Dr. Mayher," said MCG President Francis J. Tedesco in presenting the award. "As a neurosurgeon, you have to be steady. He's got a lot of experience in making decisions and acting quickly. He applied that expertise to an emergency situation as a pilot. These same qualities of leadership and good judgment are apparent to all of us who know him."

The award was presented during MCG's annual President's Club Dinner honoring the university's most generous supporters. Established in 1975 by the MCG Foundation, Inc., the club recognizes donors of $1,000 or more during the past year or lifetime gifts of $10,000 or more.

MCG's Endowment Included in National Ranking

The Medical College of Georgia was recognized in the Sept. 1 edition of *The Chronicle of Higher Education Almanac* for having the 20th largest endowment per student among the nation's public institutions.

MCG, Georgia's health sciences university, has about 3,000 students and residents and an endowment of approximately $80 million,

which amounted to $24,608 per student in 1999, the year on which the report is based.

The endowment has grown from $7.3 million in 1990 and is the second-largest of Georgia's public institutions, after the Georgia Institute of Technology's, according to Dr. James B. Osborne, president and chief executive officer of the Medical College of Georgia Foundation, Inc. The foundation manages donations to the university.

"This report indicates how much funding can be applied to an institution's educational program per student," said Dr. Osborne. "It's a standard universities use to measure value, importance and the growth of the endowment."

The endowment has enabled MCG President Francis J. Tedesco to establish 27 endowed chairs during his 12-year tenure. "Great teachers and researchers are the hallmark of a great university," Dr. Osborne said. "Establishing a chair makes great teaching possible by creating a margin of excellence."

Class Notes

School of Allied Health Sciences

Carla Carrell, who earned a bachelor's degree in medical technology in 1994 and a master's degree in health education in 1998, is a medical technologist at Jefferson Hospital in Louisville, Ga. She married Dennis Q. Simpkins June 7, 2000.

School of Dentistry

Dr. Stephan F. Holcomb ('74) has been elected to serve a one-year term as president of the Southern Regional Testing Agency, Inc., which administers the clinical entry-level examinations for dentistry and dental hygiene for Georgia, Arkansas, Tennessee, Kentucky, Virginia and South Carolina. He operates Dental Associates of Warner Robins, a general group practice in Warner Robins, Ga. He is a member and immediate past president of the Georgia Board of Dentistry and is a past recipient of the MCG School of Dentistry Alumni Association's Distinguished Alumnus Award.

School of Medicine

Dr. Raymond P. Warrell ('75) is chief executive for the biotech firm Genta in Berkeley Heights, N.J. His work with Genta in prodding cancer cells to commit suicide was featured in the Sept. 18 edition of *Forbes* magazine.

Dr. Ralph E. Gaskins ('76) has completed a law degree at Georgia State University and has joined the patent law section of Kilpatrick & Stockton's Atlanta office. His practice centers on medical devices and biotechnology.

Obituary

Dr. Matthew Thomas Howard ('67) died Aug. 28 at age 59. He completed a pediatric residency at MCG and was appointed to MCG's medical staff in 1972, where he served on the Pediatric Intensive Care, Utilization Review and Emergency Room committees. He was past chairman of pediatrics at St. Joseph Hospital and a member of the original bylaws committee of the CMC and Southern Perinatal Society. He was an assistant clinical professor at MCG from 1978 to 1996. He was a partner in Tanenbaum and Howard Pediatrics, a fellow of the American Academy of Pediatrics and co-founder of Augusta Pediatric Clinic, Augusta's first after-hours pediatrics clinic. Survivors include his wife, Beverly Myers Howard, a son, Matthew Kevin Howard, and a daughter, Corday Howard Borders.

Deadline for submitting information for publication in the winter issue of AlumNews is January 26, 2001.

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

☐ Male ☐ Female

Today's date

Name

Telephone number

School graduated from

Degree Class year

Street address ☐ Check if new address

City State Zip

Present specialty and place of training

Professional news (attach additional page if needed)

Personal news (photos welcome)

Please send to: *Christine Hurley Deriso, FI-1042, Medical College of Georgia; Augusta, GA 30912; fax to (706) 721-6723 or e-mail to cderiso@mail.mcg.edu.*

Trip to China Offers New Perspective

Deborah G. Steele

Twisting needles inserted in the feet, wrists, forehead and neck would make some people weak in the knees, but for Mat Turner, the experience was somewhat relaxing.

Acupuncture, often used by the Chinese to treat various maladies, was among the treatment practices Mat, a senior medical technology student at the Medical College of Georgia, learned about during a three-week trip to China this summer.

"I wouldn't necessarily consider acupuncture a better form of medicine," said Mat, who visited China to learn more about traditional Chinese medicine and western medicine practices in the country. "It's an alternative form. I don't know if the explanation for how it works would be accepted in the United States."

Learning more about medical practices in China is the focus of a University System of Georgia program with the Chinese universities of Nanjing and Yangzhou. Traditional Chinese medicine is taught during a five-year program at the University of Nanjing, while doctors at the University of Yangzhou are taught western medicine.

Although there are a few communities in the United States, particularly in San Francisco and Los Angeles, where doctors practice traditional Chinese medicine, acupuncture and herbal medicines are not typical forms of medical treatment in America.

Abdul Hamid Shaikh, wife Nagma visit Great Wall of China

"The Chinese have a choice of which type of treatment they receive," said Abdul Hamid Shaikh, associate professor and director of the graduate program in the MCG Department of Medical Technology, who also went on the trip. "Both the traditional Chinese medicine and western medicine practices are supported by the Chinese government.

"According to the traditional Chinese medicine theory, the root cause of the onset and development of a disease lies in a relative imbalance of yin and yang," said Mr. Shaikh. "For example, excess yang produces heat and its deficiency will produce cold. On the other hand, an excess of yin produces cold and a deficiency of heat.

"Traditional Chinese medicine doctors will differentiate between yin and yang syndrome using traditional physical exams, like checking the pulse rate, the color of the eyes, factors of the tongue, as well as patient history," he added. "The doctor would then prescribe herbal medicine or acupuncture and moxibustion [burning herbal agents on the skin] treatment."

The Georgia team—two physicians, two nurses, a clinical lab scientist, six students, a dental hygienist and two spouses—also visited a western medicine hospital where the American students spent a week in their specialized clinical area. Mat quickly realized that the equipment

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used in some labs was outdated, while the equipment used in other labs was very modern.

"Their urinalysis and culture machines were a little bit older," he said, "and the microbiology lab was very primitive. But overall, their equipment was fairly modern."

Understanding medical treatments used throughout the world helps American health professionals be more receptive to new ideas and better understand how medicine is practiced in foreign nations, Mr. Shaikh said.

Mat said the trip made him better appreciate non-traditional medical practices.

"Especially with traditional Chinese medicine, there seem to be a lot of practices that work that we really don't have an explanation for; they don't have a western scientific explanation," said Mat. "But I think I'm more open now to a lot of things that I don't understand."

"I think the trip gave me a lot of respect for traditional Chinese medicine," said Mr. Shaikh. "Before, I really didn't hold it in high esteem. After I learned a little about it and saw the benefit of the treatment, especially acupuncture, my thinking changed. We also learned how very important it is to be sensitive to the needs of international people when we are dealing with them as patients and students."

Rural Health Directory Available Online

Sally Lofton Simkins

An electronic directory containing information on 500 rural health care resources in Georgia has been compiled by students in the Medical College of Georgia School of Allied Health Sciences and is available on the MCG Web site.

The information was obtained in interviews with more than 2,000 consumers, health officials and health care administrators in 85 non-metropolitan counties during the students' clinical rotations in hospitals and with preceptors in rural and underserved areas in the state.

The preceptorship program is funded through the Rural Health Interdisciplinary Training Grant. Students began their research for the directory in 1997, the first year of the three-year grant which comes through the Bureau of Health Professions of the Department of Health and Human Services. A second three-year grant totaling $600,000 has been approved.

"All public libraries in Georgia have access to the Internet so we want to be sure that they, particularly those in rural areas, know the directory is there," said Dr. Nancy Prendergast, associate dean for academic affairs in the School of Allied Health Sciences. Under the second grant, efforts will be made to increase awareness of the directory's availability as well as to increase the number of counties covered.

"The students tried to locate as many health care resources as possible," Dr. Prendergast said. "The important thing now is to be sure that the public knows about the directory and to keep it up to date. Now that we have the grant funded again, we will check everything listed to be sure the services are still available as well as find additional resources."

She said the students' research not only provides valuable information about health care, health care resources and issues of concern to rural Georgians, but also gives the students needed tools for competent practice in the rural environment.

"The experience gives them the knowledge of how to develop a profile of the area in which they may serve and teaches them search strategies necessary to locate available resources and services to complement their practice," she said.

The students' research also addressed communication and

educational needs of health care professionals in rural areas. "We found that they really want to be able to network and access information over the Internet," Dr. Prendergast said. As a result, an Allied Health Rural Network has been developed which provides lists of professional contacts through the state, a chat room, announcements and access to graduate courses available over the Internet.

Thirty students in the health information management, medical technology, occupational therapy, physical therapy, respiratory therapy and physician assistant programs will participate in the preceptorship program under the new grant. Their research provides an interdisciplinary training experience, one of the primary objectives of the project, Dr. Prendergast said.

Alumna Receives Disability Training

Kathryne M. Cammissa, who earned bachelor's and master's degrees from the Medical College of Georgia, was among a group of occupational therapists who trained this summer to help educators implement federal regulations related to disabled students.

The Individuals with Disabilities Education Act was amended in 1997 to refine guidelines for assisting children with disabilities, such as autism, cerebral palsy and spina bifida. Ms. Cammisa's training, provided by the U.S. Department of Education, will help occupational therapists work with educators, school therapists, psychologists and early-childhood professionals to implement the amendments.

"Many occupational therapists work with children in our school systems, and this training taught us how to communicate what the recent changes mean for our educational efforts," said Ms. Cammisa. "I am eager to work with state and local agencies to bring them up to speed on the changes [so we can] better meet the needs of our children with disabilities."

Occupational therapists who work with children in schools and early-childhood programs help them learn, play and grow to their fullest potential.

Respiratory Therapy Students Awarded

Four Medical College of Georgia Department of Respiratory Therapy seniors received scholarships at the 46th International Respiratory Congress in Cincinnati Oct. 7.

Aieza Shaikh received the Morton B. Duggan Jr. Memorial Education Recognition Award. Edith Martin received the NBRC/AMP Robert M. Lawrence, M.D., Education Recognition Award. Rachel Roberts, Kelly Ritchie and Ms. Martin received Lambda Beta Scholarships.

Also, respiratory therapy student Toschic Conyers received the James Ancil Lewis Financial Award at the Georgia Society for Respiratory Care summer meeting in Sea Palms, Ga., in August.

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School of Dentistry

Tennis Champ Focusing on Dental Degree

Deborah G. Steele

Joey Pitts, in the words of a former coach, has the God-given talent to be a tennis player. It was with that in mind that Manuel Diaz knew Joey would come through for the University of Georgia men's tennis team as the deciding match of the 1999 National Collegiate Athletic Association title rested on his shoulders.

"When the match came down to the last two sets, I wasn't worried at all about Joey," said Coach Diaz, UGA's head coach for 12 years. "I knew that if Joey could walk, Joey was going to win that match."

Joey prevailed, despite a back injury that kept him out of contention during his senior year at UGA.

"It was probably the most exciting thing that has happened in my life, tennis-wise," said Joey, 22, a first-year dental student at the Medical College of Georgia. "There was a crowd of 5,200 there and most of them were pulling for me."

Joey's older brother, Jimmy Pitts, said watching his brother play in the NCAA title match was nerve-wracking but inspiring. "That moment was so big because not only was it for the national championship, but it was his big moment," said Jimmy, 32. "I was so nervous for him, but I had so much confidence in him."

Joey Pitts

Joey, the youngest of five boys born to James C. and Janice Pitts of Smyrna, Ga., knew as a child that he wanted to play for the UGA men's tennis team. His father was an all-Southeastern Conference basketball player at UGA and Joey was determined to play for "one of the top [tennis] programs in the country."

Along the way, Joey was coached by Jimmy, who played tennis at the Georgia Institute of Technology and the University of Mississippi in Oxford. "I think [Jimmy] played a large part in me winning that last match," said Joey, who earned a bachelor of science degree in biology from UGA. "He spent so much time helping me prepare for that moment. His willingness to help served as an inspiration to me."

Coach Diaz noted that Joey's initiative is evident in all his pursuits, including academics. He received a $10,000 SEC Boyd McWhorter Post-Graduate Scholarship and a $5,000 NCAA At-Large Scholarship. "Of all the talented and great players I've had here, Joey is probably the toughest mentally and has the best attitude and strength of mind," Coach Diaz said.

"I had some great teachers at UGA who wrote me great recommendations," Joey said

of the scholarships. "I have a feeling that the reason I won them was because I had faculty at Georgia willing to fight for my cause; they really looked after me."

"Well, he's certainly deserving of the scholarships," said Coach Diaz. "He had so much to overcome to reach the pinnacle of collegiate tennis. Plus, his grade-point average speaks volumes. We try to do everything with the same intensity with which you'll win a national championship...both on the court and in academics...and Joey did that."

Joey, like Jimmy, plans to join his father's practice in Smyrna after graduation.

"Academically, compared to college, dental school is a lot of work," Joey said. "But, I'm used to being this busy. I think college sports helped prepare me for that."

Program Immerses High School Students in Dentistry

Deborah G. Steele

High school students throughout Georgia participated in the first Georgia High School Dental Institute at the Medical College of Georgia School of Dentistry June 11-17.

The weeklong program was sponsored by the MCG School of Dentistry and the Georgia Statewide Area Health Education Centers. Nineteen students were invited based on an essay detailing their tentative career plans, a letter of recommendation and high school academic work.

"We had a lot of great applicants," said Dennis Lindsay, AHEC dental coordinator for the MCG School of Dentistry and coordinator of the institute. "We were glad to be able to offer these students who expressed an interest in dentistry and dental hygiene a closer look at these particular career fields."

The instructors—MCG School of Dentistry faculty, staff and students—offered seminars, workshops, lectures and laboratory experiences in oral medicine, anatomy, biochemistry, microbiology and physiology. Students also participated in clinical shadowing, career seminars, time-management workshops, study skills seminars, tours and field trips.

"This was a great opportunity for students who were interested in exploring opportunities in the oral health care profession," said Mr. Lindsay. "We think the program participants found the camp fun and stimulating and hope to make this an annual event."

Guest Speaker Emphasizes Ethics

Deborah G. Steel

Citing the strong and immutable link between ethics and professionalism, Dr. Stephen A. Ralls, executive director of the American College of Dentists, gave a no-holds barred speech to students during the Medical College of Georgia School of Dentistry's annual Welcome Back Assembly this fall.

"The American College of Dentists is an old organization and our interest has long been to elevate the standards of dentistry," he said. "You will find some of my comments rather straightforward, but I want to challenge you and convey certain expectations to you. It is time for you to re-examine the importance of becoming and being a professional. When you receive your degree, you do enter a profession, but that, in itself, doesn't make you a professional. Ultimately everyone who gets paid to do something is a professional."

He cited four characteristics that distinguish professionalism: special knowledge, skills and expertise; autonomy in practice; acceptance of specific obligations including upholding a code of ethics; and a primary concern for providing a service, not just the prestige or profit that comes with it.

"Your primary concern must begin with your patients," said Dr. Ralls. "Your professional career starts when you begin caring for patients."

In a recent ranking of ethics and honesty among professionals, Dr. Ralls said dentists ranked ninth out of 45, falling behind nurses, pharmacists, veterinarians and physicians. "That doesn't leave much in the medical field," he said. "Does it concern you? It does me.

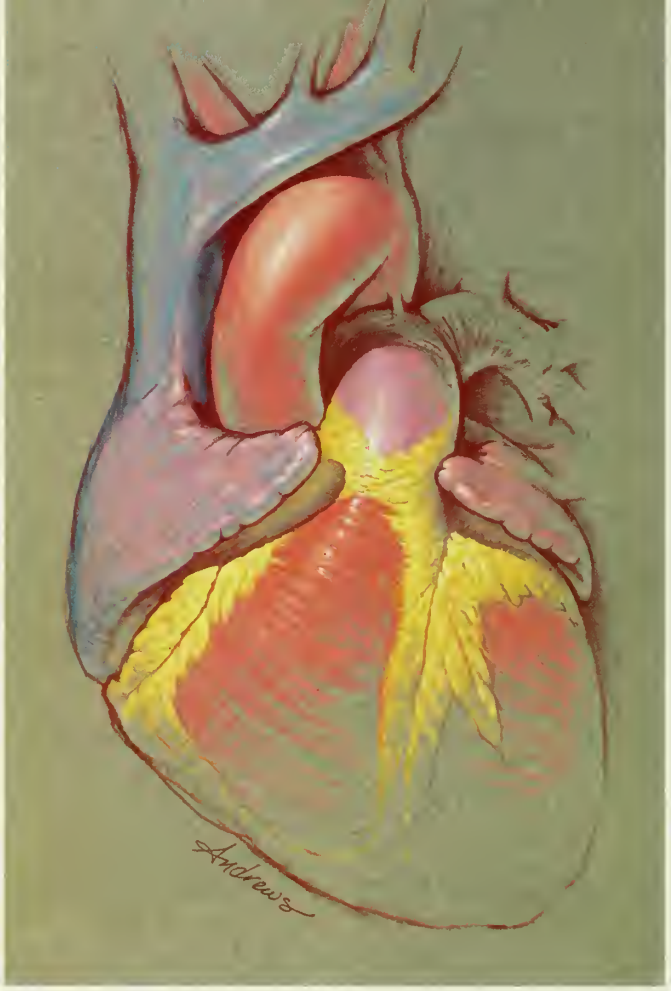
"It doesn't really matter what you call yourself because you are ultimately measured by your peers, patients and staff," he added. "This is one time when perception is reality; if you are not perceived as a professional, then you're not. Your reputation is important. There is no sense in basking in the glory of prestige if you are not perceived as a professional."

Dr. Ralls emphasized that learning to become a dentist encompasses dental knowledge, skills and experience derived from classroom and clinical settings, but also includes the ability to have and use sound judgment. "Actually knowing and doing what you should do, that's using sound judgment that will reflect your concern for your patients," he said.

He added that "acting unprofessional ignores ethics" and that "as a dentist, you have to use your judgment to make ethical decisions. Unethical decisions compromise patient care and undermine your ability to function as a professional."

Dr. Ralls said he is optimistic about the future of the dental profession, but challenged each student to help make a "great profession even greater.

"The financial aspects of a practice are important, but they aren't the most important," he said. "Will you only be as professional as your love for money allows you to be? I hope you'll think about that. Remember what it means to be a professional: Your first obligation is to your patients. I hope you'll reflect on your professional obligations and take them seriously. I urge you to develop professional pride. The standards you maintain are the standards by which your profession is ultimately judged."



Study Shows Complex Response to Exercise

Toni Baker

Exercise activates a finely tuned system for balancing the supply of oxygen-rich blood with increasing demand, according to researchers at the Medical College of Georgia.

With exercise, the heart not only beats faster to pump more blood out, it takes in more blood as veins dilate to return more oxygen-spent blood to the heart and more blood is dumped into the lungs, researchers say.

These findings provide insight into the workings of a healthy heart and the potential for better treatment of patients in heart failure, according to Dr. Vincent J.B. Robinson, MCG nuclear cardiologist and principal investigator on the study.

In some of the first such studies on healthy humans, researchers looked at blood flowing into and out of the hearts of 14 people lying on their backs and riding a bicycle-like device and found some of what they suspected. With moderate exercise, the heart beat faster to deliver more blood to the body while the pressure inside the veins returning oxygen-spent blood to the heart didn't really change, said Dr. Shahnaz Bari, cardiac anesthesiologist and a co-investigator of the study.

Rather, they found that at the onset of exercise, veins returning blood to the heart and lungs dilate to help make more blood accessible. This occurs when the increased heart rate actually allows less time for the heart to refill with blood.

"As soon as you want to exercise, you put these actions into place," Dr. Robinson said. "What we have shown in this study is that the inferior vena cava, which is one of the big conduit veins, dilates right away. That helps fill the right ventricle of the heart better. You also start filling your lungs with more blood which dumps into the pumping chamber. That's a precise adaptation."

The findings contradict previous work which labeled the venous system, including the lungs, as a bystander in meeting the exercising body's increased need for oxygen-rich blood. "We think it's a little more complex than that," Dr. Robinson said. "You have a central command which causes the veins returning blood to the right ventricle to open up. That decreases the resistance of blood coming back, making it easier for blood to get back to the heart and easier for you to exercise."

Heart transplant patients seem to confirm a concerted effort between the heart and venous system to meet the increasing demands of exercise because, despite their new healthy hearts, these patients' cardiovascular systems don't adapt well for exercise. "Unfortunately, those patients are very inefficient at exercise because they have lost the nervous system connection between their heart and vascular system," Dr. Robinson said.

The goal of the small study of healthy people is to better understand how the heart

normally fills with an eye on improving the process in damaged hearts. "If we can study all of the physiological aspects of heart filling and see what happens with and without exercise in a normal heart, then maybe we can see which pharmacologic agents would be best for patients who have low cardiac output," Dr. Bari said.

Heart attacks, which weaken the heart muscle and so impact the heart's ability to pump blood out, are the primary cause of heart failure. But as systolic function—the ability to contract—goes, so goes the ability to fill the heart, Dr. Robinson said. Although there are good treatments for heart failure, he and Dr. Bari hope that more information about how the healthy heart works will allow doctors to better select drugs to improve longevity and quality of life for these patients.

"We believe the techniques we are developing here will allow us to look at different drugs and see what effects they have on the veins, what effect they have on the blood in the lungs and use those markers to maximize each individual patient's treatment to improve their exercise tolerance and quality of life," Dr. Robinson said.

Answers Unfolding About Gender

Toni Baker

Missing pieces in the genetic puzzle of whether a fetus develops as a boy or girl are being pursued by Medical College of Georgia researchers.

They are defining the series of crucial sex-determining events that occurs near the end of the second month of human fetal development both to understand the normal process and determine how mistakes happen.

"When it works right, it's wonderful, and it works right most of the time," Dr. Tom O. Abney, MCG biochemist, said of the process that begins at fertilization when an embryo inherits one sex chromosome from each parent. But nearly two months pass before the defining cascade of events that makes a fetus with two X chromosomes develop as a girl and an XY fetus as a boy. Until those events occur, the gonads—which develop as testes in a male and ovaries in a female—retain the potential to become either, Dr. Abney said.

The lingering flexibility exists because sex chromosomes are just a first step in sex determination, said Dr. J. Barry Whitney III, MCG geneticist. Normally a fetus inherits 23 chromosomes from each parent; 46 XX is a normal female and 46 XY a normal male.

But also critical to male development is a gene carried by the Y chromosome called sex-determining region, or SRY. "SRY really triggers the entire set of molecular genetic events that leads to male sex determination," Dr. Abney said. "If you don't impose maleness on the fetus, it will naturally become female."

Just what SRY triggers is being defined by Drs. Abney and Whitney, who have an animal model discovered by chance years ago while breeding two commonly used strains of mice from different parts of the world: musculus and domesticus. When Dr. Whitney crossed a male domesticus with a female musculus, the resulting XY mice developed as sex-reversed and generally infertile females.

It's not that the SRY is defective, just incompatible in that setting, Dr. Whitney said. A similar scenario exists in humans, when the father has an SRY variation and his XY child develops as a daughter even though they share the SRY gene. "For some reason when that egg was fertilized with a Y-bearing sperm, that Y chromosome carrying SRY did not impose maleness on the fetus, so it developed as a female, which is natural," Dr. Abney said. But the reverse also can happen, when the SRY gene transfers to an X chromosome and the resulting XX fetus develops as a male.

"We look at SRY as a light switch that triggers the entire process that begins the cascade of genetic events that leads to maleness," Dr. Abney said.

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Drs. Tom Abney and Barry Whitney

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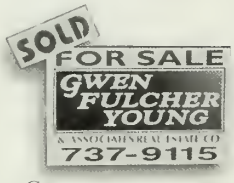

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know is what other genes respond to the action of SRY," Dr.Whitney said. The researchers' animal model is helping them do just that. By selecting the most male of the offspring to breed, they have developed a strain of mice in which the offspring are 50-50 male-female, as expected; somehow the strain resists the sex reversal that typically occurs when musculus and domesticus are bred.

"We created a strain of mice that has this Y chromosome in which XY fetuses develop as normal males," Dr. Whitney said. Some genetic combination in this strain has the capacity to counteract what should be the unnatural tendency to develop as an XY female. "It's recreated a normal situation, in the presence of what should be an abnormal situation," he said.

By comparing the strain that resists sex reversal to the one that succumbs, MCG researchers hope to identify the point or points of action for SRY and thus the next piece of the puzzle in the series of genetic events that leads to sex determination.

"We think that the SRY gene codes for a protein that acts on another gene that is a transcription factor or some sort of genetic regulator. Then it's a cascade," Dr. Abney said. "It may act on three or four other genes and so on. Maybe in a short period, you have a completely different set of genes turned on in the male that don't get turned on in the female or vice versa."

They still don't know how many steps it takes to get there, but if the result is development of a type of cell called Sertoli cells, the gonads are destined to become testes and the fetus a male. Sertoli cells make a short-lived hormone called anti-Mullerian hormone that turns off development of the female reproductive tract. Sertoli cells also direct differentiation of another cell type, Leydig cells, which make testosterone and so stimulate production of the male reproductive system.

Program Offers Head Start for Undergrads

Toni Baker

College students with aspirations of becoming scientists can get a jump start on their futures with the Medical College of Georgia's Undergraduate Research Program.

The Summer MCG Undergraduate Research Program, or SMURP, enables selected students with at least a B average to spend 10 weeks working alongside MCG researchers.

"We are looking for bright, motivated students interested in biomedical research in the basic sciences," said Dr. Rhea-Beth Markowitz, program administrator. "Our goals are to provide these students with a realistic environment where they can learn more about science and scientists and to hopefully have some of these students return to us as graduate students."

Interested students must identify a faculty mentor and write a study proposal. "They aren't just filling out an application," Dr. Markowitz said. Students typically browse the MCG Web site (www.mcg.edu) to identify programs, people and topics of interest, then contact the researcher. "Then, as part of the application process, they have to submit a description of a defined project. So the students aren't just a helper in the lab, they are working on something defined," Dr. Markowitz said.

SMURP was launched last summer and MCG researchers were very receptive to working with interested students, she said. "It's important that the students work one on one with someone," Dr. Markowitz said.

In the labs of seasoned researchers, the college students likely will work closely with a postdoctoral fellow or senior graduate student. That scenario becomes a learning experience for the fellows and graduate students as well because it allows them to mentor. In the labs of younger faculty, the students typically work directly with the faculty member. At the end of the program, students write a paper on their study project.

In its first summer, SMURP attracted 22 college students, about half of whom went to a school in Georgia and the remainder from as far away as the United Kingdom, Dr. Markowitz said. Participants worked in a wide range of settings, including labs for in vitro fertilization, brain tumor treatment and heart defect research. They earned a $2,500 stipend.

Dr. Markowiz hopes they also discovered that MCG and its School of Graduate Studies, which offers programs in biomedical sciences, nursing and allied health sciences, is a great place to learn.

For more information about SMURP or to apply for next summer's program, visit the Web site http://www.mcg.edu/GradStudies/SMURP.htm.

MCG has a similar program during the academic year for nearby students from Paine College and Augusta State University. These students don't earn money, but do get college credit for their work.

The university also has strong educational pipeline programs for underrepresented minorities in health sciences and disadvantaged students through the MCG Office of Special Academic Programs.

Alumnus Reunited with Class Ring After 10 Years

Christine Hurley Deriso

When Dr. Stanley T. Shapiro attended a medical meeting at St. John's in the Virgin Islands about a decade ago, he took advantage of the idyllic setting and visited the beach. Before getting in the water, he took off his shoes and slipped his Medical College of Georgia class ring inside one of them.

You can probably guess what happened next: When he retrieved his shoes, he shook the sand out of them, put them back on and went about his business—minus his ring. Soon after leaving the beach, he realized he had inadvertently shaken his class ring out of the shoe and hurried back to the scene to try to find it. No luck. "I was pretty upset," said Dr. Shapiro, a 1964 graduate of the MCG School of Medicine and an otolaryngologist in Douglasville, Ga. "I thought it was gone forever."

Incredibly, it wasn't. Rather than the ring being swallowed by the tide, buried in the sand, pocketed by a passerby or suffering one of a thousand similar fates, it was spotted by Mary Hebrank, a teacher in Durham, N.C.

"I was vacationing there and had gone snorkeling," she said. "When I was done, I sat down on the beach and ran my hands through the sand when I felt something hard...."

That was about five years ago, she said, a full five years after Dr. Shapiro lost the ring.

Ms. Hebrank went to the hotel desk to ask if a missing ring had been reported. Apparently lost-and-found reports don't date back five years; the answer was no. So Ms. Hebrank took it home and stuck it in a desk drawer, hoping to use its clues (engraved initials and class year) to trace the owner.

"But frankly, I forgot about it," she said. "I feel very bad that I did, but I'm a teacher, and once the school year starts, you're too busy to think about things you've stuck in a drawer."

A few months ago, she decided to clean out the drawer. Voila. There was the long-forgotten ring.

She still didn't know the ring's owner, but she now had a relatively easy way to try to find out: the Internet. Now that Ms. Hebrank had an instant cyberlink to MCG, she found its Web site (www.mcg.edu) and contacted Tammy Berry at the alumni office, hoping to match the ring with its owner. Ms. Berry did a little detective work and determined that Dr. Shapiro was the only member of this class with the initials STS. She contacted Dr. Shapiro with a single question: Had he, by any chance, lost his class ring in the Virgin Islands?

"Just out of the blue, I got a call," Dr. Shapiro said.

Once he confirmed that the ring was his, Ms. Hebrank mailed it to him in a Godiva chocolate box. "I was sure glad to have it back," Dr. Shapiro said.

"I was happy to help," said Ms. Hebrank, adding with a laugh, "It's a good thing I learned how to use the Internet."

Historian Tracing Origin of Class Ring

Christine Hurley Deriso

Dr. Lois T. Ellison, School of Medicine historian in residence, recalls an incident several years ago that begs the cliche, 'Small world, huh?'

Dr. Ellison, a 1950 graduate of the MCG School of Medicine, had just flown to California. When the plane landed, she saw something familiar among the sea of hands reaching up to retrieve their luggage from the overhead compartment. Someone was wearing a Medical College of Georgia School of Medicine class ring. "It is such

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a distinctive ring," said Dr. Ellison, noting its skull-and-crossbones emblem. She introduced herself to her fellow alumnus, who was thrilled to make the connection.

"It's so interesting how that ring is recognized," she said. "My sons (three of whom are physicians) say whenever they attend medical meetings, they immediately spot MCG alumni because of the ring."

Dr. Ellison considers the ring such a singular source of MCG pride and identity that she wants to do justice to its history. She wants to trace the ring's origin and requests the help of alumni in her search.

Dorothy H. Mims, a former MCG special collections librarian, managed several years ago to trace the ring back to 1924. An often-repeated, though possibly apocryphal, bit of trivia is that the current ring was designed in that year by Dr. G. Lombard Kelly, an anatomist who went on to become MCG's first president. If he did design it, the use of the skull and crossbones may relate to his background as an anatomist. The skull and crossbones was featured extensively during that era in MCG yearbooks, and the school had a Skull and Crossbones Club from 1916 to 1922.

Does anyone have information about the class ring prior to 1924? Dr. Ellison welcomes any bits of information, photographs and/or other documentation of its existence. "I would like to make a major effort to determine when the first class ring was issued, what the design was at that time and how it has changed through the years," Dr. Ellison said. Please contact her with any pertinent information at:

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Retired Professor Edits Hematology Book

Dr. Guy B. Faguet, a recently retired professor of medicine at the Medical College of Georgia, has edited a book, *Hematologic Malignancies: Methods and Techniques,* published this fall by Humana Press.

The volume provides state-of-the-art methods to diagnose and manage hematologic malignancies. The book covers everything from routine procedures to highly sophisticated methods that underscore recent advances in molecular biology. All chapters are written to provide clinical relevance attesting to either proven or highly promising effectiveness. The 16 chapters were written by experts in the fields of cytogenetics; polymerase chain reaction; flow cytometry; immunocytochemistry and immunohistochemistry; and apoptosis and cytokine receptors.

"Comprehensive and current, this volume is essential for clinicians, especially hematologists, oncologists and pathologists, often bewildered by an ever-increasing flow of new scientific information, the practical application of which is often not clearly disclosed or difficult to discern," according to Humana Press, a New Jersey-based publishing house that specializes in scientific, technical and medical publications.

For more information or to order a copy, visit the publisher's Web site, www.humanapress.com

1900 Photo Donated to MCG

Tommie Trantham may seem an unlikely Medical College of Georgia benefactor. He has no affiliation with the university or the Augusta community.

But his father collected frames.

When the father died, his son began itemizing his possessions to settle his estate. While perusing the frame collection, Mr. Trantham noticed that one of the frames came with a bonus: an old photograph. The photograph shows the MCG School of Medicine class of 1900 and the faculty. Most of the names are printed on the photograph.

Mr. Trantham, of Ashville, N.C., wanted to reunite the photograph with what he considered its rightful home: MCG. This fall, he contacted the university and arranged to ship the photograph to the special collections room of MCG's Greenblatt Library.

"He said he was glad to be able to return the photo back to its home," said Susanna Weaver, special collections librarian. "I assured him it would be of great value to our historical collections and let him know how much we appreciate his generosity."

Researcher Targeting Postpartum Fatigue

Deborah G. Steele

Understanding women's fatigue after childbirth, commonly referred to as postpartum fatigue, is the focus of two studies conducted by a Medical College of Georgia nurse researcher.

"My research shows that postpartum fatigue doesn't end at six weeks after birth like most people think," said Dr. Nancy Troy, associate professor in the MCG Department of Parent-Child Nursing. "I have found that six weeks after delivery, mothers are more tired and less energetic than they were right after giving birth."

Dr. Troy is studying 170 mothers of newborns, measuring three aspects of fatigue: physiologic, cognitive and perceptual.

"Unfortunately, postpartum fatigue is such a universal thing that almost all mothers can relate to it," said Dr. Troy.

In related research, Dr. Troy is studying the effectiveness of a pamphlet, videotape and CD-ROM that offer tips for managing postpartum fatigue. She is asking mothers of newborns to try them and tell her which format they consider the most helpful. The tips were developed by Dr. Troy and Dr. Peggy Dalgas-Pelish of the University of Nebraska Medical Center College of Nursing.

"When the self-care intervention was only in pamphlet format, we found that older mothers used the intervention more frequently than younger mothers," said Dr. Troy. "I am trying to determine if younger women might prefer using the videotape or computer format to using the pamphlet version."

Study Gauges Physicians' Advice to Smokers

Deborah G. Steele

A Medical College of Georgia researcher is studying patient charts to glean the feedback smokers get from their physicians about the habit.

Dr. Martha Tingen, a board-certified nurse practitioner and associate professor at the Medical College of Georgia School of Nursing, and her colleagues recently reviewed 540 patient charts to determine if primary care providers are identifying their patients who are smokers, informing them about the dangers associated with smoking and offering assistance.

"The research project was built around a 40-week program at a local primary care practice where our team evaluated data from a random selection of patient charts of six providers to see if guidelines established by the U.S. Department of Health and Human Service's Agency for Health Care Policy and Research [now known as the Agency for Health Care, Research and Quality] were being followed," said Dr. Tingen. "These are clinical guidelines every provider can use for smoking cessation. They are specific and cover the four A's—Ask, Advise, Assist and Arrange."

The guidelines, established in 1994, encourage physicians to ask all patients if they smoke or have previously smoked. If so, the providers are counseled to give advice, provide literature, offer options for drug therapy and smoking cessation classes and arrange for a follow-up by the a member of the health care team within a week of the patient's visit.

During Dr. Tingen's MCG Research Institute-funded project, 180 patient charts were reviewed prior to giving the health care team members an educational session, which included smoking-cessation guidelines, booklets, posters, pamphlets and nicotine addiction information. A stamp plate was created for the health care team to use on patient charts to denote whether the patient was a current smoker, past smoker or had never smoked.

During the second phase, 180 charts were re-audited to see if providers were covering the four A's during patient visits and to determine if the educational materials had made a difference.

"We even took a random number of patients and did a telephone interview," said Dr. Tingen. Those interviews constituted the third phase of the project. "After the telephone interviews, we gave the providers feedback on how they were doing on documenting their discussions with patients regarding smoking cessation on the patient's chart."

The research concluded

that prior to the providers receiving educational material for use with their patients, only 69 percent of providers asked patients if they smoked. After the educational material was provided, 98 percent of the providers in the practice were documenting information regarding smoking and results of the telephone interviews determined that 93 percent of the providers were asking patients about their smoking habits.

"We made an impact," said Dr. Tingen, adding that only 10 percent of the providers were advising smokers to quit prior to receiving the educational material. That number increased to 80 percent in phase II.

But only 15 percent of the providers were helping patients get into smoking cessation classes during the third phase of the project, up from 5 percent in phase I. Follow-up for smoking patients wasn't provided in any phase.

"The whole accountability thing appears to be gone," said Dr. Tingen. "You get the message that, as a patient, it's important for my provider to tell me this while I'm in his office, but no one from the practice will call back and ask me how I'm doing with it. That's sad to me."

Dr. Tingen said there are proven results that if the AHRQ guidelines are implemented, people will quit smoking. "Provider advisement and encouragement are two of the biggest factors in getting people to quit smoking," she said, adding that the June 2000 issue of the *Journal of the American Medical Association* reported that it is more cost-effective for providers to follow the AHRQ guidelines than to treat patients with smoking-related illnesses, which costs more than $50 billion each year.

"It has been proven time and again that smoking is the number-one preventable killer in the United States," said Dr. Tingen. "About 46 million adults smoke and there could be a minimum 10 percent decrease, or 2 million people, in that number each year if only 100,000 providers would assist their patients each year in quitting tobacco use."

Study to Develop Interventions for Women with Lung Cancer

Deborah G. Steele

Houston Comets point guard Kim Perrot was, by all accounts, in great shape. But when the 32-year-old died of lung cancer last year, her story surged to national headlines the fact that lung cancer—increasingly found among non-smoking women—has surpassed breast cancer as the leading cause of cancer death among women.

"There is a national epidemic of non-small cell carcinoma in women in their 30s, 40s and 50s and, many times, their lung cancer is not smoking-related," said Dr. Cynthia Chernecky, a clinical nurse specialist and advanced certified oncology nurse and associate professor in the Medical College of Georgia School of Nursing. "This type of cancer is found in both men and women, but recently, it has affected younger women who are not smoking and that is unusual."

Dr. Chernecky said the five-year survival rate for women with non-small cell lung cancer is less than10 percent. Researchers at five sites throughout the nation are studying the impact of this disease on the day-to-day lives of women, including their quality of life.

The study is funded by the Oncology Nursing Foundation and coordinated by Dr. Linda Sarna at The University of California, Los Angeles, School of Nursing. The study also is being conducted at Yale University, the State University of New York in Buffalo and the University of Alabama at Birmingham.

The study will follow 300 participants for six months, said Dr. Chernecky, coordinator of the study for Georgia. Study participants must have been diagnosed with adenocarcinoma, squamous cell, large cell or bronchoalveolar lung cancer six months to five years ago.

Statistics from MCG and UAB will be combined at the end of the study to determine any regional similarities. Included will be demographic factors such as age, race, marital status, income and educational level; health variables such as depression, weight, tobacco and alcohol use and general health perceptions; quality of life; and disease and treatment variables, such as stage of disease and type of treatment.

While the study will not probe the high incidence of young women developing non-small cell carcinoma, study coordinators will use information to develop interventions to help women with the disease, said Dr. Chernecky. The study also will explore how demographics, health status, disease and treatment variables and other issues affect quality of life and symptom distress for the women and their families.

Participation in the study includes interviews, questionnaires, hand-held pulmonary function tests and a urine sample for nicotine testing. Participants will be paid for the six-month study, which will include approximately two hours of interview and test time and 15 minutes for a follow-up phone interview at the end of the study.

The study is open to women of all ethnic groups who have non-small cell lung cancer. Researchers are particularly interested in enrolling minorities who tend to be under-represented in studies such as this. "Lung cancer affects all minority and non-minority groups," said Dr. Chernecky. "It's a non-discriminatory disease."

To participate in the study, call Dr. Chernecky at ext. 1-3843 or talk to your oncologist about how you can enroll in the study.

Don't you dare miss Homecoming— April 26-29. See details on page 18.

Why Planned Giving?

Planned giving is not only about planning and giving, it is about receiving. All gifts to the Medical College of Georgia Foundation provide the donor with the personal satisfaction of contributing to a worthy cause. Planned gifts can give you even more in return. Making a planned gift is a special way to support MCG's mission because it allows you to donate assets, yet defer the time we actually receive them. It is the time in between that provides many benefits for you.

Financial Reasons for Giving

The best gift plans improve the donor's financial and tax situation, often right away. For example, life-income planned gifts allow you (and/or another beneficiary, if you wish) to receive a lifetime income from the investment of the assets you donate. Consider these advantages of various gift plans:

- Current income tax deduction
- Avoidance of long-term capital gains tax
- Increase in income and effective rate of return

An added bonus of planned gifts is that they provide many benefits for your heirs as well. Without eroding the estate, planned gifts often cut the taxes imposed on it. That's why gift planning is such a vital part of another process—estate planning.

The Importance of Estate Planning

Estate planning is deciding what will happen after your lifetime to your possessions and your heirs. Almost everyone needs an estate plan, even though many people think estate planning is only for the very rich. In fact, the more modest your estate, the more important it is to arrange for its careful handling and disposition. Plus, if you examine all of your assets, you'll probably find that your estate is bigger than you think. Perhaps the most important reason for making an estate plan, however, is that it gives you the peace of mind that you're doing all you can to benefit those you care about the most.

Setting Goals

In setting goals, first ask yourself whom you want to benefit. Your number-one concern is most likely your family. They might have to face new and heavy burdens without you. How can you minimize taxes and administration costs so that your family receives your assets intact? There are other factors, as well. What will happen to any business enterprise in which you have an interest? Are there charitable organizations you favor that could use help from your estate?

The Tools

A good estate plan includes various instruments to ensure the job is done right. The tools of estate planning are written documents that precisely indicate your intentions, then provide the powers to accomplish them. Elements of an estate plan include a will, trusts, life insurance policies, buy-sell agreements, joint ownership or community property, a living will, a durable power of attorney, deferred employee benefits/retirement plans and more.

How to Begin

The first step of every estate plan is compiling an inventory of personal data—the current value of all your assets, how they are owned, your liabilities and names and addresses of intended estate beneficiaries. Then see an attorney who specializes in estate planning for information.

Your Options

We understand that your financial needs and those of your family come first. With planned giving options, everyone wins, because you provide for our needs later, and we provide for your needs now. We encourage you to explore the possibilities and opportunities for creative gift planning with you legal and tax advisors. We can help you create a plan that suits your personal circumstances and blends you philanthropic giving with you financial needs and tax planning

For information on planning your giving, please contact me, Troy Breitmann, at 1-800-869-113 or tbreitma@mail.mcg.edu. Of course, all financial decisions should be discussed with your legal and tax advisors.

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